

PO Box 505600
St. Louis MO 63150-5600

800-823-2318

8 a.m.-8 p.m. Mon-Thurs, 8 a.m.-5 p.m. Fri and 9 a.m.-1 p.m. Sat.
All times are Central time zone.

www.medicreditcorp.com

To: James Keane
5189 Magellan Way W
Delray Beach FL 33484

Reference: 166076816

Medicredit, Inc. is a debt collector. We are trying to collect a debt that you owe to HCA Florida Atlantis Orthopedics. We will use any information you give us to help collect the debt.

Our Information shows:

James Keane received services from HCA Florida Atlantis Orthopedics with account number 9X418538447-4.

As of August 19, 2023, you owed:	\$150.00
Between August 19, 2023 and today:	
You were charged this amount in interest:	+ \$0.00
You were charged this amount in fees:	+ \$0.00
You paid, your insurance paid and/or you were credited this amount toward the debt:	- \$0.00
Total amount of the debt now:	\$150.00

How can you dispute the debt?

- Call or write to us by **October 22, 2023**, to dispute all or part of the debt. If you do not, we will assume that our information is correct.
- If you write to us by **October 22, 2023**, we must stop collection on any amount you dispute until we send you information that shows you owe the debt. You may use the form below or write to us without the form. You may also include supporting documents.

What else can you do?

- Write to ask for the name and address of the original creditor, if different from the current creditor. If you write by October 22, 2023, we must stop collection until we send you that information. You may use the form below or write to us without the form.
- Go to www.cfpb.gov/debt-collection to learn more about your rights under federal law. For instance, you have the right to stop or limit how we contact you.
- Contact us about your payment options.
- Pay online at www.medicreditcorp.com

Notice: See reverse side for important information.

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How do you want to respond?

Check all that apply:

☐ I want to dispute the debt because I think:

- ☐ This is not my debt.
- ☐ The amount is wrong.
- ☐ Other (please describe on reverse or attach additional information).

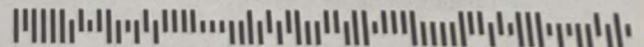
☐ I want you to send me the name and address of the original creditor.

☐ I enclosed this amount:
\$

Make your check payable to MEDICREDIT, INC.
Include account number 9X418538447-4.

Mail this form to:

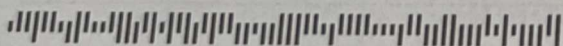
MEDICREDIT, INC.
PO Box 505600
St. Louis MO 63150-5600



Undeliverable Mail Only
TTTOGW01
PO BOX 1280
OAKS PA 19456-1280

ADDRESS SERVICE REQUESTED

September 12, 2023



James Keane
5189 Magellan Way W
Delray Beach FL 33484-1357

KEANE JAMES 0001660768160000100000015000

0028 021198